

FILE STAMP:

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF TULARE ORDERS AFTER HEARING**

In the matter of:

\_\_\_\_\_, a Patient at

Cypress Mental Health Center

Case No. \_\_\_\_\_

- ☐ Order Medication Capacity Appeal W.I.C. §5334(e)1  
☐ Order on Petition for Writ of Habeas Corpus

**MEDICATION CAPACITY ORDERS AFTER HEARING**

**THE COURT MAKES THE FOLLOWING FINDINGS:**

- ☐ The Doctor is the current treating physician.  
☐ The Doctor did comply with the requirements of Welfare and Institutions Code Section 5152(c) regarding explanation of medications.  
☐ The Doctor did explain sufficiently, or make reasonable efforts to explain the benefits and risks of, and the alternatives to, the recommended medications.  
☐ The Patient is showing symptoms of a mental disorder.  
☐ The Patient appears to benefit from the recommended medications.  
☐ The Patient has refused the recommended medications.  
☐ The Patient is not aware of his/her mental disorder.  
☐ The Patient is not able to understand the benefits or risks of the medications or the availability of alternative treatments.  
☐ The Patient is not able to understand and evaluate information regarding medications in a rational manner and otherwise participate in the treatment decision.

**IT IS HEREBY ORDERED AND ADJUDGED** (check all that apply):

- ☐ Patient lacks the capacity to give informed consent to treatment and administration of medication(s).  
☐ Physician or his/her designee(s) are given authority to treat Patient and administer psychotropic/psychiatric medication(s) as necessary for as long as Patient is involuntarily committed.  
☐ Significant other and Public Defender are to be notified concerning all medication(s) administered, and change(s) in Patient's physical location or health status.  
☐ Refer patient for assessment regarding Conservatorship needs.

**WRIT OF HABEAS CORPUS ORDERS AFTER HEARING**

**IT IS HEREBY ORDERED AND ADJUDGED** (check all that apply):

- ☐ Patient's Writ of Habeas Corpus is denied due to patient's: Grave disability ☐ Danger to self ☐ Danger to others ☐  
☐ Refer patient to Central Valley Regional Center for assistance/coordination with Discharge Planning needs.  
☐ Other Orders: \_\_\_\_\_

JUDGE OF THE SUPERIOR COURT & DATE: \_\_\_\_\_

**CERTIFICATE OF SERVICE**

I hereby certify that I received and served the above Writ on the above date by delivering said writ or appeal to the following persons by hand. I caused each document to be served on:

☐ TULARE COUNTY PUBLIC DEFENDER, (559) 733-6113

☐ TULARE COUNTY DISTRICT ATTORNEY, (559) 730-2658

JUDGE of THE SUPERIOR COURT, COUNTY OF TULARE

☐ CYPRESS MENTAL HEALTH CENTER, Physician and Administrator (559) 738-5051

By: \_\_\_\_\_

☐ LAW OFFICES OF DENNIS M. LYNCH, (559) 733-0791

COPY: COURT, PUB. DEF., DA, CMHC, LAW OFF. DENNIS LYNCH